

## FOR DEPARTMENT USE ONLY

Date Received

Notification Number



STATE OF CALIFORNIA  
DEPARTMENT OF FISH AND GAME  
**LAKE OR STREAMBED ALTERATION PROGRAM**  
**NOTIFICATION OF EMERGENCY WORK**



Complete EACH field and attach additional pages if necessary.

**1. PERSON, BUSINESS, OR AGENCY RESPONSIBLE FOR EMERGENCY WORK**

*If the emergency work is being conducted by a business, agency, or utility, please include the name of your designated representative.*

Name			
Business/Agency			
Street Address			
City, State, Zip			
Telephone		Fax	
Email			

**2. LOCATION OF EMERGENCY WORK**

Address or description of project location. (Include a map that marks the location of the project with a reference to the nearest city or town, and provide driving directions from a major road or highway.)

☐ Continued on additional page(s)

River, stream, or lake affected by project				
What water body is the river, stream, or lake tributary to?				
Is the river or stream segment affected by the project listed in the state or federal Wild and Scenic Rivers Acts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
County				
USGS 7.5 Minute Quad Map Name	Township	Range	Section	Section
<input type="checkbox"/> Continued on additional page(s)				
Meridian (check one)	<input type="checkbox"/> Humboldt <input type="checkbox"/> Mt. Diablo <input type="checkbox"/> San Bernardino			

# NOTIFICATION OF EMERGENCY WORK

## 2. LOCATION OF EMERGENCY WORK continued

Assessor's Parcel Number(s)			
<input type="checkbox"/> Continued on additional page(s)			
Coordinates (If available, provide at least latitude/longitude or UTM coordinates and check appropriate boxes.)			
Latitude/Longitude	Latitude:		Longitude:
	<input type="checkbox"/> Degrees/Minutes/Seconds	<input type="checkbox"/> Decimal Degrees	<input type="checkbox"/> Decimal Minutes
UTM	Easting:	Northing:	<input type="checkbox"/> Zone 10 <input type="checkbox"/> Zone 11
Datum used for Latitude/Longitude or UTM		<input type="checkbox"/> NAD 27	<input type="checkbox"/> NAD 83 or WGS 84

## 3. NATURE OF EMERGENCY WORK

Date emergency began or was first discovered	
Date emergency work began	
Date emergency work was or will be completed	
Briefly describe the type of emergency (e.g., flooding or earth movement).	
Identify the type of property affected by the emergency by marking the appropriate boxes below.	
<input type="checkbox"/> Bridge, culvert, or other water crossing <input type="checkbox"/> Dwelling or other building <input type="checkbox"/> Levee or other bank protection <input type="checkbox"/> Road <input type="checkbox"/> Farmland <input type="checkbox"/> Utility <input type="checkbox"/> Other (describe): _____	
Describe the emergency work.	
<input type="checkbox"/> Continued on additional page(s)	

NOTIFICATION OF EMERGENCY WORK

**3. NATURE OF EMERGENCY WORK continued**

Briefly describe the dimensions (e.g., length and width) of the area or areas affected by the emergency and the work area.

☐ Continued on additional page(s)

Describe any work you intend to complete after the emergency to restore the affected area.

☐ Continued on additional page(s)

**4. SIGNATURE**

I hereby certify that to the best of my knowledge the information in this emergency notification is true and correct and that I am authorized to sign this notification as, or on behalf of, the person, business, or agency responsible for the emergency work. *I understand that if the Department does not receive this emergency notification within 14 days after the emergency work begins, or the work did not constitute emergency work, I and/or the person, business, or agency responsible for the emergency work may be subject to criminal or civil prosecution.*

\_\_\_\_\_  
Signature of Applicant or Applicant's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name